

STATE OF COLORADO OFFICE OF ADMINISTRATIVE COURTS 633 17 th Street, Suite 1300, Denver, CO 80203 Fax: (303) 866-5909 1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-5978 222 S. 6 th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341	▲ COURT USE ONLY ▲
_____ Claimant, vs. _____ Employer, and _____ Respondent.	
PETITION TO REVIEW AND REQUEST FOR TRANSCRIPT (RULE 26 OACRP)	

TO THE OFFICE OF ADMINISTRATIVE COURTS AND JUDGE _____ :

The (claimant/ employer/ insurance carrier) petitions for review of the order of Judge _____ issued on _____ (mo/day/yr).

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the Judge on the following ground(s):

(Set forth in detail the particular alleged errors and your objections to the order. You may attach additional pages):

The Petitioner request that a transcript(s) of the hearing be prepared and included as part of the record for the Petition to Review. Rule 26(D) OACRP. If requesting a partial transcript, also indicate the approximate ending time and description.

Date(s) of Hearing(s):

Room and time the hearing began:

_____	_____
_____	_____
_____	_____
_____	_____

The Petitioner requests that the Office of Administrative Courts transmit the audio recording of the hearing to the following for preparation of the transcript.

CHECK ONE of the following: (Note: The firms listed have indicated a willingness to prepare transcripts at the per page rate set by the Colorado Supreme Court. The listing of a firm is not an endorsement by the Office of Administrative Courts)

A/V Tronics, Inc., 600 17th Street, Suite 2800, Denver, CO 80202: (303) 634-2295;

Agren Blando Court Reporting & Video, Inc., 216 16th Street, Suite 650, Denver, CO 80202: (303)296-0017

Federal Reporting Service, 17454 E. Asbury Place, Aurora, CO 80013: (303) 751-2777;

Other court reporter or transcriptionist who does not have an interest in the case:

Name and Mailing Address:

Phone Number:

The Petitioner is indigent and has filed a Form #WC35, Application for Indigent Determination (Transcript), with the Division of Workers' Compensation.

Certificate of Mailing / Service

I certify that true and correct copies of the foregoing Petition To Review And Request For Transcript were either deposited in the U.S. Mail, postage prepaid, or delivered, addressed as follows:

Signature

Date Mailed

REV 05/06